

Foster Family Home - Corrective Action Report

Provider ID: 1-563777

Home Name: Josefina Ownbey, CNA

Review ID: 1-563777-6

91-804 Kauwili Street

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 2/28/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 2/28/2019. Corrective Action Report issued during home inspection with all items due to CTA by 3/28/2019.

6.(d)(1) - see applicable sections of the review

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:


16.(b)(5) - No proof of confidentiality policies and procedures training in home folder for HHM #1, HHM #2, HHM #3, & HHM #4.

Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - HHM#2 TB clearance lapsed: no TB clearance for 2018, last done 3/28/2017, and updated on 2/25/2019.


Compliance Manager


Primary Care Giver

2/28/19
Date

2/28/19
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Josefina Ownbey
 CCFFH Address: 91-804 Kanwili St. Ewa Beach Hi. 96706

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|---------------|---|----------------|--|
| 16.(b)(5) | HHM #1, #2, #3, #4 Read and sign the confidentiality information, policy and procedure training in home file in my folder. | 3-1-19 | Future HHM will read and sign confidentiality policies and procedure within one week of move in. |
| 41.(F) (1) | TB clearance screening form done and file it in my folder. copy of XRAY (chest) in my file folder. | 2-25-19 | POSTED REMINDER to my wall for all requirement 2 months in advance. |

Primary Caregiver's Signature: *Josefina Ownbey*

Print Name: Josefina Ownbey Date of Signature: 3-4-19